

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Baxter Healthcare Political Action Committee

ADDRESS (number and street)

1501 K Street, NW

Suite 375

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00117838

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☒

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

09

01

2010

through

09

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Sarah Creviston

Signature of Treasurer

Electronically Filed by Sarah Creviston

Date

10

14

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 87

Write or Type Committee Name

Baxter Healthcare Political Action Committee

Report Covering the Period:

From:

M M  
0 9D D  
0 1Y Y Y Y  
2 0 1 0

To:

M M  
0 9D D  
3 0Y Y Y Y  
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2010</span>		41228.05
(b) Cash on Hand at Beginning of Reporting Period .....	73594.47	
(c) Total Receipts (from Line 19) .....	12175.42	119791.84
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	85769.89	161019.89
7. Total Disbursements (from Line 31) .....	26000.00	101250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	59769.89	59769.89
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

4 / 87

Write or Type Committee Name

Baxter Healthcare Political Action Committee

Report Covering the Period:

From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	10452.88	85001.32
(ii) Unitemized .....	1722.54	34790.52
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	12175.42	119791.84
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	12175.42	119791.84
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	12175.42	119791.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	12175.42	119791.84

## DETAILED SUMMARY PAGE

of Disbursements

5 / 87

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26000.00	97500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	3750.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	26000.00	101250.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26000.00	101250.00	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 87

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	12175.42	119791.84
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12175.42	119791.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Joy A. Amundson

Mailing Address 110 W Onwentsia Rd

City

Lake Forest

State

IL

Zip Code

60045-2823

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

CVP, President - BioScience

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4353.87

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-54

Amount of Each Receipt this Period

230.77

**B.**

Full Name (Last, First, Middle Initial)

Joy A. Amundson

Mailing Address 110 W Onwentsia Rd

City

Lake Forest

State

IL

Zip Code

60045-2823

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

CVP, President - BioScience

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4353.87

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-54

Amount of Each Receipt this Period

230.77

**C.**

Full Name (Last, First, Middle Initial)

Peter J. Arduini

Mailing Address 1059 Warrington Rd

City

Deerfield

State

IL

Zip Code

60015-3343

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

CVP, President - Med Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-58

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

561.54

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Peter J. Arduini

Mailing Address 1059 Warrington Rd

City

Deerfield

State

IL

Zip Code

60015-3343

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

CVP, President - Med Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-58

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Robert G. Babicke

Mailing Address 162 Cardinal Dr

City

Hawthorn Woods

State

IL

Zip Code

60047-7567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-103

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Robert G. Babicke

Mailing Address 162 Cardinal Dr

City

Hawthorn Woods

State

IL

Zip Code

60047-7567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-103

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Donald Arthur Baker

Mailing Address 286 Whitworth St

City

Thousand Oaks

State

CA

Zip Code

91360-1825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP II, Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1326.01

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-165

Amount of Each Receipt this Period

69.79

**B.**

Full Name (Last, First, Middle Initial)

Donald Arthur Baker

Mailing Address 286 Whitworth St

City

Thousand Oaks

State

CA

Zip Code

91360-1825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP II, Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1326.01

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-164

Amount of Each Receipt this Period

69.79

**C.**

Full Name (Last, First, Middle Initial)

Michael J. Baughman

Mailing Address 5343 N Lakewood Ave

City

Chicago

State

IL

Zip Code

60640-2208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

CVP, Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-171

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

239.58

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael J. Baughman

Mailing Address 5343 N Lakewood Ave

City

Chicago

State

IL

Zip Code

60640-2208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

CVP, Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-170

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Edwin A. Betancourt

Mailing Address 101 NE 3rd Ave  
Ste 1600

City

Fort Lauderdale

State

FL

Zip Code

33301-1181

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Export Corporation

Occupation

VP, Mfg Latin America

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

851.64

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-193

Amount of Each Receipt this Period

45.24

**C.**

Full Name (Last, First, Middle Initial)

Edwin A. Betancourt

Mailing Address 101 NE 3rd Ave  
Ste 1600

City

Fort Lauderdale

State

FL

Zip Code

33301-1181

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Export Corporation

Occupation

VP, Mfg Latin America

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

851.64

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-192

Amount of Each Receipt this Period

45.24

**SUBTOTAL** of Receipts This Page (optional) .....

190.48

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Paulo Bolgar

Mailing Address 101 NE 3rd Ave  
Ste 1600

City State Zip Code  
Fort Lauderdale FL 33301-1181

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Export Corporation

Occupation  
VP, HR - Latin America

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-192

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Paulo Bolgar

Mailing Address 101 NE 3rd Ave  
Ste 1600

City State Zip Code  
Fort Lauderdale FL 33301-1181

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Export Corporation

Occupation  
VP, HR - Latin America

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-191

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

David L. Bonderud

Mailing Address 22294 NW Brookside Way

City State Zip Code  
Lake Barrington IL 60010-5957

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
President, US Med Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-24

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David L. Bonderud

Mailing Address 22294 NW Brookside Way

City

Lake Barrington

State

IL

Zip Code

60010-5957

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

President, US Med Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-24

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Kristina (Tina) R. Borucki

Mailing Address 8409 Shady Ln

City

Wonder Lake

State

IL

Zip Code

60097-9490

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Business Operations Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.94

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-45

Amount of Each Receipt this Period

20.04

**C.**

Full Name (Last, First, Middle Initial)

Kristina (Tina) R. Borucki

Mailing Address 8409 Shady Ln

City

Wonder Lake

State

IL

Zip Code

60097-9490

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Business Operations Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.94

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-45

Amount of Each Receipt this Period

20.04

**SUBTOTAL** of Receipts This Page (optional) .....

60.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

William P. Botha

Mailing Address 2225 Robinson St

City

Redondo Beach

State

CA

Zip Code

90278-2019

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Plant Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-52

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

William P. Botha

Mailing Address 2225 Robinson St

City

Redondo Beach

State

CA

Zip Code

90278-2019

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Plant Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-52

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

John J. Bratsakis

Mailing Address 2405 Trailside Ln

City

Wauconda

State

IL

Zip Code

60084-5016

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

BCU Sr VP, Business Devlp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-91

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John J. Bratsakis

Mailing Address 2405 Trailside Ln

City

Wauconda

State

IL

Zip Code

60084-5016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

BCU Sr VP, Business Devlp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-91

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Susan K. Brown

Mailing Address 917 Geneva St

City

Glendale

State

CA

Zip Code

91207-1707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1164.79

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-18

Amount of Each Receipt this Period

62.77

**C.**

Full Name (Last, First, Middle Initial)

Susan K. Brown

Mailing Address 917 Geneva St

City

Glendale

State

CA

Zip Code

91207-1707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1164.79

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-18

Amount of Each Receipt this Period

62.77

**SUBTOTAL** of Receipts This Page (optional) .....

150.54

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 87

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Sebastian J. Bufalino

Mailing Address 1091 Pine Meadow Ct

City

Vernon Hills

State

IL

Zip Code

60061-2572

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Baxter International Inc.

Occupation

VP, Corporate Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1002.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	3	/	2	0	1	0

Transaction ID: 20100915172653-184

Amount of Each Receipt this Period

53.10

**B.**

Full Name (Last, First, Middle Initial)

Sebastian J. Bufalino

Mailing Address 1091 Pine Meadow Ct

City

Vernon Hills

State

IL

Zip Code

60061-2572

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Baxter International Inc.

Occupation

VP, Corporate Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1002.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	7	/	2	0	1	0

Transaction ID: 20101012151846-183

Amount of Each Receipt this Period

53.10

**C.**

Full Name (Last, First, Middle Initial)

Kim C. Bush

Mailing Address 7814 Crownhurst Ct

City

McLean

State

VA

Zip Code

22102-1445

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

President IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	0	/	2	0	1	0

Transaction ID: B66AB6045A4DB050EE9

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

356.20

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Donna Campagna

Mailing Address 30922 Saint Andrews Dr

City

Libertyville

State

IL

Zip Code

60048-1037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-40

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Donna Campagna

Mailing Address 30922 Saint Andrews Dr

City

Libertyville

State

IL

Zip Code

60048-1037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-40

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Edward K. Chess

Mailing Address 5313 Abbey Dr

City

McHenry

State

IL

Zip Code

60050-5155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sr Director, Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-12

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

105.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Edward K. Chess

Mailing Address 5313 Abbey Dr

City

McHenry

State

IL

Zip Code

60050-5155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sr Director, Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-12

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Anthony Ciganek

Mailing Address 233 Heath Ct

City

Barrington

State

IL

Zip Code

60010-4822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sr Director, Engineering

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-4

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Anthony Ciganek

Mailing Address 233 Heath Ct

City

Barrington

State

IL

Zip Code

60010-4822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sr Director, Engineering

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-4

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Brian W. Clements

Mailing Address 109 Juniper Way

City

Lake Villa

State

IL

Zip Code

60046-6515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, MD Supply Chain

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-9

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Brian W. Clements

Mailing Address 109 Juniper Way

City

Lake Villa

State

IL

Zip Code

60046-6515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, MD Supply Chain

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-9

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Sarah L. Creviston

Mailing Address 23 Wynstone Way

City

North Barrington

State

IL

Zip Code

60010-6950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2001.29

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-153

Amount of Each Receipt this Period

106.31

**SUBTOTAL** of Receipts This Page (optional) .....

136.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Sarah L. Creviston

Mailing Address 23 Wynstone Way

City

North Barrington

State

IL

Zip Code

60010-6950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2001.29

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-152

Amount of Each Receipt this Period

106.31

**B.**

Full Name (Last, First, Middle Initial)

Margarita Cruz-casse

Mailing Address 153 Calle Violeta

City

San Juan

State

PR

Zip Code

00927-6208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter

Occupation

Dir, Logistics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

966.60

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-202

Amount of Each Receipt this Period

51.24

**C.**

Full Name (Last, First, Middle Initial)

Margarita Cruz-casse

Mailing Address 153 Calle Violeta

City

San Juan

State

PR

Zip Code

00927-6208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter

Occupation

Dir, Logistics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

966.60

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-202

Amount of Each Receipt this Period

51.24

**SUBTOTAL** of Receipts This Page (optional) .....

208.79

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Salvatore S. Dadouche

Mailing Address 868 Interlaken Dr

City

Lake Zurich

State

IL

Zip Code

60047-1338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Comp, Benefits & HR Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-25

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Salvatore S. Dadouche

Mailing Address 868 Interlaken Dr

City

Lake Zurich

State

IL

Zip Code

60047-1338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Comp, Benefits & HR Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-25

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Andrea Williamson Darsey

Mailing Address 147 Gerbera St

City

Danville

State

CA

Zip Code

94506-4791

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Plant Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

594.37

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-106

Amount of Each Receipt this Period

31.63

**SUBTOTAL** of Receipts This Page (optional) .....

71.63

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Andrea Williamson Darsey

Mailing Address 147 Gerbera St

City

Danville

State

CA

Zip Code

94506-4791

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Plant Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

594.37

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-106

Amount of Each Receipt this Period

31.63

**B.**

Full Name (Last, First, Middle Initial)

Robert M. Davis

Mailing Address 21515 W Hummingbird Ct

City

Kildeer

State

IL

Zip Code

60047-7213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

CVP, Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3265.44

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-172

Amount of Each Receipt this Period

173.08

**C.**

Full Name (Last, First, Middle Initial)

Robert M. Davis

Mailing Address 21515 W Hummingbird Ct

City

Kildeer

State

IL

Zip Code

60047-7213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

CVP, Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3265.44

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-171

Amount of Each Receipt this Period

173.08

**SUBTOTAL** of Receipts This Page (optional) .....

377.79

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Barry M. Deutsch

Mailing Address 2330 Westcourse Dr

City

Riverwoods

State

IL

Zip Code

60015-1768

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP I, Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.72

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-112

Amount of Each Receipt this Period

44.62

**B.**

Full Name (Last, First, Middle Initial)

Barry M. Deutsch

Mailing Address 2330 Westcourse Dr

City

Riverwoods

State

IL

Zip Code

60015-1768

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP I, Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.72

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-112

Amount of Each Receipt this Period

44.62

**C.**

Full Name (Last, First, Middle Initial)

Angel L. Egipciaco-Lassalle

Mailing Address 27225 Rose Mallow Ln  
(Fair Oaks Ranch)

City

Canyon Country

State

CA

Zip Code

91387-6950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Plant Controller II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-162

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

114.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Angel L. Egipciaco-Lassalle

Mailing Address 27225 Rose Mallow Ln  
(Fair Oaks Ranch)

City State Zip Code  
Canyon Country CA 91387-6950

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Plant Controller II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-161

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Scott A. Ehrmantraut

Mailing Address 7655 168th Ave SE

City State Zip Code  
Mooreton ND 58061-9741

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BioLife Plasma L.L.C.

Occupation  
Director, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-199

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Scott A. Ehrmantraut

Mailing Address 7655 168th Ave SE

City State Zip Code  
Mooreton ND 58061-9741

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BioLife Plasma L.L.C.

Occupation  
Director, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-199

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Paul D. Estrem

Mailing Address 325 Clarewood Cir

City

Grayslake

State

IL

Zip Code

60030-3468

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Fin & Strat Initiatives

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-49

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Paul D. Estrem

Mailing Address 325 Clarewood Cir

City

Grayslake

State

IL

Zip Code

60030-3468

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Fin & Strat Initiatives

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-49

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Peter Etienne

Mailing Address 189 Lions Ct

City

Lake Zurich

State

IL

Zip Code

60047-7012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

Sr Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-175

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Peter Etienne

Mailing Address 189 Lions Ct

City

Lake Zurich

State

IL

Zip Code

60047-7012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.Occupation  
Sr Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-174

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Camille I. Farhat

Mailing Address 1052 Warrington Rd

City

Deerfield

State

IL

Zip Code

60015-3344

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
GM, BPT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-69

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Camille I. Farhat

Mailing Address 1052 Warrington Rd

City

Deerfield

State

IL

Zip Code

60015-3344

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
GM, BPT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-69

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

125.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Carlos M. Flores

Mailing Address 1601 Marinero Pl

City

Oxnard

State

CA

Zip Code

93030-2568

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sr Principal Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-107

Amount of Each Receipt this Period

12.50

**B.**

Full Name (Last, First, Middle Initial)

Carlos M. Flores

Mailing Address 1601 Marinero Pl

City

Oxnard

State

CA

Zip Code

93030-2568

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sr Principal Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-107

Amount of Each Receipt this Period

12.50

**C.**

Full Name (Last, First, Middle Initial)

Alan E. Freedlund

Mailing Address 746 S River Rd

City

Naperville

State

IL

Zip Code

60540-6333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-84

Amount of Each Receipt this Period

12.00

**SUBTOTAL** of Receipts This Page (optional) .....

37.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Alan E. Freedlund

Mailing Address 746 S River Rd

City

Naperville

State

IL

Zip Code

60540-6333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-84

Amount of Each Receipt this Period

12.00

**B.**

Full Name (Last, First, Middle Initial)

Kevin E. Freeman

Mailing Address 20982 N Buffalo Run

City

Kildeer

State

IL

Zip Code

60047-8534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, I Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-34

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Kevin E. Freeman

Mailing Address 20982 N Buffalo Run

City

Kildeer

State

IL

Zip Code

60047-8534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, I Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-34

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

62.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Guy G. Fusco

Mailing Address PO Box 747

Baxter Expatriate Admin

City

Deerfield

State

IL

Zip Code

60015-0747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter World Trade Corpor-  
ation

Occupation

Away on Assignment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-188

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Guy G. Fusco

Mailing Address PO Box 747

Baxter Expatriate Admin

City

Deerfield

State

IL

Zip Code

60015-0747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter World Trade Corpor-  
ation

Occupation

Away on Assignment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-187

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Valery E. Gallagher

Mailing Address 14334 Spring Meadow Ct

City

Libertyville

State

IL

Zip Code

60048-2490

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Dir, State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1431.54

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-75

Amount of Each Receipt this Period

76.92

**SUBTOTAL** of Receipts This Page (optional) .....

116.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Valery E. Gallagher

Mailing Address 14334 Spring Meadow Ct

City

Libertyville

State

IL

Zip Code

60048-2490

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Dir, State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1431.54

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-75

Amount of Each Receipt this Period

76.92

**B.**

Full Name (Last, First, Middle Initial)

Erin M. Gardiner

Mailing Address 2442 W Carmen Ave

City

Chicago

State

IL

Zip Code

60625-2606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

Dir, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-173

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Erin M. Gardiner

Mailing Address 2442 W Carmen Ave

City

Chicago

State

IL

Zip Code

60625-2606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

Dir, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-172

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

126.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

James M. Gatling

Mailing Address 391 Sherbrooke Ct

City

Crystal Lake

State

IL

Zip Code

60012-3705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

CVP, Global Manufacturing Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3031.86

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-16

Amount of Each Receipt this Period

160.38

**B.**

Full Name (Last, First, Middle Initial)

James M. Gatling

Mailing Address 391 Sherbrooke Ct

City

Crystal Lake

State

IL

Zip Code

60012-3705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

CVP, Global Manufacturing Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3031.86

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-16

Amount of Each Receipt this Period

160.38

**C.**

Full Name (Last, First, Middle Initial)

Arthur J. Gibson

Mailing Address 3775 Riverly Trce

City

Marietta

State

GA

Zip Code

30067-4241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Environ, Health & Safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1036.62

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-63

Amount of Each Receipt this Period

55.20

**SUBTOTAL** of Receipts This Page (optional) .....

375.96

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Arthur J. Gibson

Mailing Address 3775 Riverly Trce

City

Marietta

State

GA

Zip Code

30067-4241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Environ, Health & Safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1036.62

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-63

Amount of Each Receipt this Period

55.20

**B.**

Full Name (Last, First, Middle Initial)

Susan C. Gould

Mailing Address 760 Oakwood Ave

City

Lake Forest

State

IL

Zip Code

60045-1805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sr Dir, Clinical Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-118

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Susan C. Gould

Mailing Address 760 Oakwood Ave

City

Lake Forest

State

IL

Zip Code

60045-1805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sr Dir, Clinical Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-118

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

155.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

William J. Gresham

Mailing Address 909 Clinton Pl

City

River Forest

State

IL

Zip Code

60305-1503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

Dir, Ethics & Compliance/EHS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-185

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

William J. Gresham

Mailing Address 909 Clinton Pl

City

River Forest

State

IL

Zip Code

60305-1503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

Dir, Ethics & Compliance/EHS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-184

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Lawrence P. Guiheen

Mailing Address 1653 Vista Oaks Way

City

Westlake Village

State

CA

Zip Code

91361-1549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

President, BioPharmaceuticals

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-6

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 87

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Lawrence P. Guiheen

Mailing Address 1653 Vista Oaks Way

City

Westlake Village

State

CA

Zip Code

91361-1549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

President, BioPharmaceuticals

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	7	/	2	0	1	0

Transaction ID: 20101012151846-6

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Andrew C. Hayes

Mailing Address 1620 Timber Woods Ln

City

Libertyville

State

IL

Zip Code

60048-4269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sr Director, New Product Intro

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1240.33

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	3	/	2	0	1	0

Transaction ID: 20100915172653-92

Amount of Each Receipt this Period

65.77

**C.**

Full Name (Last, First, Middle Initial)

Andrew C. Hayes

Mailing Address 1620 Timber Woods Ln

City

Libertyville

State

IL

Zip Code

60048-4269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sr Director, New Product Intro

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1240.33

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	7	/	2	0	1	0

Transaction ID: 20101012151846-92

Amount of Each Receipt this Period

65.77

SUBTOTAL of Receipts This Page (optional) .....

166.54

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Leslie J. Herzog

Mailing Address 816 Moseley Rd

City

Highland Park

State

IL

Zip Code

60035-4636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Dir, Clinical Data Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

611.99

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-124

Amount of Each Receipt this Period

32.45

**B.**

Full Name (Last, First, Middle Initial)

Leslie J. Herzog

Mailing Address 816 Moseley Rd

City

Highland Park

State

IL

Zip Code

60035-4636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Dir, Clinical Data Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

611.99

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-124

Amount of Each Receipt this Period

32.45

**C.**

Full Name (Last, First, Middle Initial)

Michael T. Himes

Mailing Address 634 S Euclid Ave

City

Elmhurst

State

IL

Zip Code

60126-4336

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BioLife Plasma L.L.C.

Occupation

Quality Assoc II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.62

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-198

Amount of Each Receipt this Period

11.22

**SUBTOTAL** of Receipts This Page (optional) .....

76.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael T. Himes

Mailing Address 634 S Euclid Ave

City

Elmhurst

State

IL

Zip Code

60126-4336

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BioLife Plasma L.L.C.

Occupation

Quality Assoc II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.62

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-198

Amount of Each Receipt this Period

11.22

**B.**

Full Name (Last, First, Middle Initial)

Robert J. Hombach

Mailing Address 126 Homewood Ave

City

Libertyville

State

IL

Zip Code

60048-2122

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International Inc.

Occupation

CVP, Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-170

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Robert J. Hombach

Mailing Address 126 Homewood Ave

City

Libertyville

State

IL

Zip Code

60048-2122

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International Inc.

Occupation

CVP, Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-169

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

61.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gary W. Inglese

Mailing Address 9321 Waterside Ct

City

New Haven

State

IN

Zip Code

46774-2727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Dir, Healthcare Reimb

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-76

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Gary W. Inglese

Mailing Address 9321 Waterside Ct

City

New Haven

State

IN

Zip Code

46774-2727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Dir, Healthcare Reimb

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-76

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Irene P. Jakimcius

Mailing Address 2208 Wesley Ave

City

Evanston

State

IL

Zip Code

60201-2648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

Assoc General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1579.13

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-176

Amount of Each Receipt this Period

83.63

**SUBTOTAL** of Receipts This Page (optional) .....

123.63

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Irene P. Jakimcius

Mailing Address 2208 Wesley Ave

City

Evanston

State

IL

Zip Code

60201-2648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

Assoc General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1579.13

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-175

Amount of Each Receipt this Period

83.63

**B.**

Full Name (Last, First, Middle Initial)

Michael T. Jennings

Mailing Address 130 W Lincoln Ave

City

Libertyville

State

IL

Zip Code

60048-2721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sr Dir, Strategy & Integration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

743.22

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-154

Amount of Each Receipt this Period

39.42

**C.**

Full Name (Last, First, Middle Initial)

Michael T. Jennings

Mailing Address 130 W Lincoln Ave

City

Libertyville

State

IL

Zip Code

60048-2721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sr Dir, Strategy & Integration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

743.22

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-153

Amount of Each Receipt this Period

39.42

**SUBTOTAL** of Receipts This Page (optional) .....

162.47

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kurt Johnson

Mailing Address 2322 Central Park Ave

City

Evanston

State

IL

Zip Code

60201-1810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Bus Plan & Dev & Admin Ldr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-163

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Kurt Johnson

Mailing Address 2322 Central Park Ave

City

Evanston

State

IL

Zip Code

60201-1810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Bus Plan & Dev & Admin Ldr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-162

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Robert A. Johnson

Mailing Address 31385 W Somerset Cir

City

Libertyville

State

IL

Zip Code

60048-4886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP II, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-48

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert A. Johnson

Mailing Address 31385 W Somerset Cir

City

Libertyville

State

IL

Zip Code

60048-4886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP II, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-48

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Robert C. Keeley

Mailing Address 22606 N Bridle Trl

City

Kildeer

State

IL

Zip Code

60047-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, HD/CRRT Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-134

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Robert C. Keeley

Mailing Address 22606 N Bridle Trl

City

Kildeer

State

IL

Zip Code

60047-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, HD/CRRT Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-133

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jane E. Kiernan

Mailing Address 525 W Roscoe St  
Apt 3W

City State Zip Code  
Chicago IL 60657-3540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
GM, IV Therapy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-38

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Jane E. Kiernan

Mailing Address 525 W Roscoe St  
Apt 3W

City State Zip Code  
Chicago IL 60657-3540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
GM, IV Therapy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-38

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Richard L. Kirkendall

Mailing Address 1 Baxter Pkwy

City State Zip Code  
Deerfield IL 60015-4625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP Quality, Medication Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-137

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

155.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard L. Kirkendall

Mailing Address 1 Baxter Pkwy

City

Deerfield

State

IL

Zip Code

60015-4625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP Quality, Medication Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-136

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Marie G. Kissel

Mailing Address 1 Baxter Pkwy

C/O Gerald Lema

City

Deerfield

State

IL

Zip Code

60015-4625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter World Trade Corpor-  
ation

Occupation

Away on Assignment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1472.63

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-190

Amount of Each Receipt this Period

77.99

**C.**

Full Name (Last, First, Middle Initial)

Marie G. Kissel

Mailing Address 1 Baxter Pkwy

C/O Gerald Lema

City

Deerfield

State

IL

Zip Code

60015-4625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter World Trade Corpor-  
ation

Occupation

Away on Assignment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1472.63

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-189

Amount of Each Receipt this Period

77.99

**SUBTOTAL** of Receipts This Page (optional) .....

230.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Helena M. Klumpp

Mailing Address 2308 Isabella St

City

Evanston

State

IL

Zip Code

60201-1405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

Senior Tax Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-182

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Helena M. Klumpp

Mailing Address 2308 Isabella St

City

Evanston

State

IL

Zip Code

60201-1405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

Senior Tax Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-181

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Brian J. LaMarca

Mailing Address 2261 Zach Scott St

City

Austin

State

TX

Zip Code

78723-5463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BioLife Plasma L.L.C.

Occupation

Regional Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.78

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-196

Amount of Each Receipt this Period

25.28

**SUBTOTAL** of Receipts This Page (optional) .....

65.28

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Brian J. LaMarca

Mailing Address 2261 Zach Scott St

City

Austin

State

TX

Zip Code

78723-5463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BioLife Plasma L.L.C.

Occupation

Regional Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.78

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-196

Amount of Each Receipt this Period

25.28

**B.**

Full Name (Last, First, Middle Initial)

Edward (Ted) A. Langan

Mailing Address 450 E Waterside Dr  
Unit 1702

City

Chicago

State

IL

Zip Code

60601-4719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP II, Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-2

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Edward (Ted) A. Langan

Mailing Address 450 E Waterside Dr  
Unit 1702

City

Chicago

State

IL

Zip Code

60601-4719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP II, Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-2

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

175.28

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Betty D. Larson

Mailing Address 21334 N Andover Rd

City

Kildeer

State

IL

Zip Code

60047-8622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, HR - Renal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.60

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-139

Amount of Each Receipt this Period

41.60

**B.**

Full Name (Last, First, Middle Initial)

Betty D. Larson

Mailing Address 21334 N Andover Rd

City

Kildeer

State

IL

Zip Code

60047-8622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, HR - Renal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.60

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-138

Amount of Each Receipt this Period

41.60

**C.**

Full Name (Last, First, Middle Initial)

Timothy P. Lawrence

Mailing Address 876 E Writer Ct

City

Vernon Hills

State

IL

Zip Code

60061-2302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP Manufacturing Med Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1137.83

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-149

Amount of Each Receipt this Period

60.71

**SUBTOTAL** of Receipts This Page (optional) .....

143.91

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Timothy P. Lawrence

Mailing Address 876 E Writer Ct

City

Vernon Hills

State

IL

Zip Code

60061-2302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP Manufacturing Med Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1137.83

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-148

Amount of Each Receipt this Period

60.71

**B.**

Full Name (Last, First, Middle Initial)

Jacopo Leonardi

Mailing Address 319 Vincent Ct

City

Lake Bluff

State

IL

Zip Code

60044-2758

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP I, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-133

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Jacopo Leonardi

Mailing Address 319 Vincent Ct

City

Lake Bluff

State

IL

Zip Code

60044-2758

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP I, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-132

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

110.71

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Josephine M. Li-McLeod

Mailing Address 758 Cranmont Ct

City

Simi Valley

State

CA

Zip Code

93065-7075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sr Director Outcomes Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-35

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Josephine M. Li-McLeod

Mailing Address 758 Cranmont Ct

City

Simi Valley

State

CA

Zip Code

93065-7075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sr Director Outcomes Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-35

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Ray J. Linder

Mailing Address 246 Montclair Rd

City

Vernon Hills

State

IL

Zip Code

60061-2934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, HR - Mfg/Supply Chain

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

948.16

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-44

Amount of Each Receipt this Period

47.80

**SUBTOTAL** of Receipts This Page (optional) .....

97.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ray J. Linder

Mailing Address 246 Montclair Rd

City

Vernon Hills

State

IL

Zip Code

60061-2934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, HR - Mfg/Supply Chain

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

948.16

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-44

Amount of Each Receipt this Period

47.80

**B.**

Full Name (Last, First, Middle Initial)

Ronald K. Lloyd

Mailing Address 1694 Falling Star Ave

City

Westlake Village

State

CA

Zip Code

91362-5275

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VPGM BioTherapeutic & Regn Med

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-42

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Ronald K. Lloyd

Mailing Address 1694 Falling Star Ave

City

Westlake Village

State

CA

Zip Code

91362-5275

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VPGM BioTherapeutic & Regn Med

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-42

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

147.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Marcus A. Luna

Mailing Address 11 Heath Pkwy

City

Middletown

State

NJ

Zip Code

07748-1718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sales Representative II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-125

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Marcus A. Luna

Mailing Address 11 Heath Pkwy

City

Middletown

State

NJ

Zip Code

07748-1718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sales Representative II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-125

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Matthew A. Lykken

Mailing Address 421 N Wheaton Ave

City

Wheaton

State

IL

Zip Code

60187-4128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

VP, Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-183

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

55.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 87

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Matthew A. Lykken

Mailing Address 421 N Wheaton Ave

City

Wheaton

State

IL

Zip Code

60187-4128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.Occupation  
VP, Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	0

Transaction ID: 20101012151846-182

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Jack Maniko

Mailing Address 116 Tennessee Ave NE

City

Washington

State

DC

Zip Code

20002-6426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	0

Transaction ID: 20100915172653-135

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Jack Maniko

Mailing Address 116 Tennessee Ave NE

City

Washington

State

DC

Zip Code

20002-6426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	0

Transaction ID: 20101012151846-134

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional) .....

85.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael E. Martin

Mailing Address 10680 Red Leaf Cir

City

Village Of Lakewoo

State

IL

Zip Code

60014-4852

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP I, Mfg Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1514.04

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-22

Amount of Each Receipt this Period

80.28

**B.**

Full Name (Last, First, Middle Initial)

Michael E. Martin

Mailing Address 10680 Red Leaf Cir

City

Village Of Lakewoo

State

IL

Zip Code

60014-4852

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP I, Mfg Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1514.04

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-22

Amount of Each Receipt this Period

80.28

**C.**

Full Name (Last, First, Middle Initial)

Jeanne K. Mason

Mailing Address 1760 Duffy Ln

City

Bannockburn

State

IL

Zip Code

60015-1512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

CVP, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3308.08

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-179

Amount of Each Receipt this Period

175.00

**SUBTOTAL** of Receipts This Page (optional) .....

335.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jeanne K. Mason

Mailing Address 1760 Duffy Ln

City

Bannockburn

State

IL

Zip Code

60015-1512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

CVP, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3308.08

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-178

Amount of Each Receipt this Period

175.00

**B.**

Full Name (Last, First, Middle Initial)

Michael J. McAndrew

Mailing Address 795 Foxmoor Ln

City

Lake Zurich

State

IL

Zip Code

60047-2787

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Dir, Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

689.10

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-105

Amount of Each Receipt this Period

36.54

**C.**

Full Name (Last, First, Middle Initial)

Michael J. McAndrew

Mailing Address 795 Foxmoor Ln

City

Lake Zurich

State

IL

Zip Code

60047-2787

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Dir, Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

689.10

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-105

Amount of Each Receipt this Period

36.54

**SUBTOTAL** of Receipts This Page (optional) .....

248.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Daniel S. McRae

Mailing Address 2965 Redding Rd NE

City

Atlanta

State

GA

Zip Code

30319-2911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

IV Therapy Sales Representativ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-64

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Daniel S. McRae

Mailing Address 2965 Redding Rd NE

City

Atlanta

State

GA

Zip Code

30319-2911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

IV Therapy Sales Representativ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-64

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

John K. McVey

Mailing Address 6320 Longwood Rd

City

Libertyville

State

IL

Zip Code

60048-9447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BioLife Plasma L.L.C.

Occupation

Sr Dir, Reg Affairs & Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-194

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John K. McVey

Mailing Address 6320 Longwood Rd

City

Libertyville

State

IL

Zip Code

60048-9447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BioLife Plasma L.L.C.

Occupation

Sr Dir, Reg Affairs & Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-193

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Kelli Mills Lester

Mailing Address 3140 Creswell Dr

City

Falls Church

State

VA

Zip Code

22044-1704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Dir, Renal Federal Leg Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-120

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Kelli Mills Lester

Mailing Address 3140 Creswell Dr

City

Falls Church

State

VA

Zip Code

22044-1704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Dir, Renal Federal Leg Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-120

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael Murphy

Mailing Address 340 E Scranton Ave

City

Lake Bluff

State

IL

Zip Code

60044-2534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Corporate Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-74

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Michael Murphy

Mailing Address 340 E Scranton Ave

City

Lake Bluff

State

IL

Zip Code

60044-2534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Corporate Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-74

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Timothy J. Murphy

Mailing Address 14601 N Somerset Cir

City

Libertyville

State

IL

Zip Code

60048-4890

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Assoc General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.60

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-147

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Timothy J. Murphy

Mailing Address 14601 N Somerset Cir

City

Libertyville

State

IL

Zip Code

60048-4890

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Assoc General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.60

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-146

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Peter J. O'Malley

Mailing Address 791 Summit Ave

City

Lake Forest

State

IL

Zip Code

60045-1830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Business Alliances

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

855.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-164

Amount of Each Receipt this Period

45.00

**C.**

Full Name (Last, First, Middle Initial)

Peter J. O'Malley

Mailing Address 791 Summit Ave

City

Lake Forest

State

IL

Zip Code

60045-1830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Business Alliances

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

855.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-163

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Stasia L. Ogden

Mailing Address 1750 W Cortland St

City

Chicago

State

IL

Zip Code

60622-1123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Asst General Counsel, Patent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-101

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Stasia L. Ogden

Mailing Address 1750 W Cortland St

City

Chicago

State

IL

Zip Code

60622-1123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Asst General Counsel, Patent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-101

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Thor F. Paulson

Mailing Address 13941 Cooper Way

City

Orland Park

State

IL

Zip Code

60467-7183

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sr Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-80

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Thor F. Paulson

Mailing Address 13941 Cooper Way

City

Orland Park

State

IL

Zip Code

60467-7183

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Sr Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-80

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Jed M. Perry

Mailing Address 5678 Kirkham Ct

City

Springfield

State

VA

Zip Code

22151-1710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-131

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Jed M. Perry

Mailing Address 5678 Kirkham Ct

City

Springfield

State

VA

Zip Code

22151-1710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-130

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Carla D. Pittman

Mailing Address 3933 Kenway Ave

City

Los Angeles

State

CA

Zip Code

90008-4805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Sr Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1084.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-141

Amount of Each Receipt this Period

57.46

**B.**

Full Name (Last, First, Middle Initial)

Carla D. Pittman

Mailing Address 3933 Kenway Ave

City

Los Angeles

State

CA

Zip Code

90008-4805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Sr Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1084.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-140

Amount of Each Receipt this Period

57.46

**C.**

Full Name (Last, First, Middle Initial)

Virginia L. Pringle

Mailing Address 6655 Bobby Jones Ct

City

Palmetto

State

FL

Zip Code

34221-6635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Mgr II, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.34

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-28

Amount of Each Receipt this Period

34.28

**SUBTOTAL** of Receipts This Page (optional) .....

149.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Virginia L. Pringle

Mailing Address 6655 Bobby Jones Ct

City

Palmetto

State

FL

Zip Code

34221-6635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Mgr II, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.34

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-28

Amount of Each Receipt this Period

34.28

**B.**

Full Name (Last, First, Middle Initial)

Joseph A. Pudlo

Mailing Address 525 Trestle Ct

City

Grayslake

State

IL

Zip Code

60030-2766

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-31

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph A. Pudlo

Mailing Address 525 Trestle Ct

City

Grayslake

State

IL

Zip Code

60030-2766

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-31

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

74.28

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Julie A. Quick

Mailing Address 3223 Epstein Cir

City

Mundelein

State

IL

Zip Code

60060-6049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BioLife Plasma L.L.C.

Occupation

Sr Mgr, Reg Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.49

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-201

Amount of Each Receipt this Period

21.77

**B.**

Full Name (Last, First, Middle Initial)

Julie A. Quick

Mailing Address 3223 Epstein Cir

City

Mundelein

State

IL

Zip Code

60060-6049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BioLife Plasma L.L.C.

Occupation

Sr Mgr, Reg Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.49

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-201

Amount of Each Receipt this Period

21.77

**C.**

Full Name (Last, First, Middle Initial)

Janet L. Raciti

Mailing Address 19 Wimbledon Ct

City

Lincolnshire

State

IL

Zip Code

60069-2127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Dir, Strategic Reimbursement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-33

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

83.54

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 87

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Janet L. Raciti

Mailing Address 19 Wimbledon Ct

City

Lincolnshire

State

IL

Zip Code

60069-2127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Dir, Strategic Reimbursement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	0

Transaction ID: 20101012151846-33

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Sundar Ramanan

Mailing Address 1146 Azalea Way

City

Simi Valley

State

CA

Zip Code

93065-3336

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sr Mgr, Reg Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	0

Transaction ID: 20100915172653-148

Amount of Each Receipt this Period

13.92

**C.**

Full Name (Last, First, Middle Initial)

Sundar Ramanan

Mailing Address 1146 Azalea Way

City

Simi Valley

State

CA

Zip Code

93065-3336

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sr Mgr, Reg Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	0

Transaction ID: 20101012151846-147

Amount of Each Receipt this Period

13.92

SUBTOTAL of Receipts This Page (optional) .....

67.84

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David H. Resnicoff

Mailing Address 926 Valley Rd

City

Glencoe

State

IL

Zip Code

60022-1452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

Assoc Gen Coun/VP Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1099.91

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-180

Amount of Each Receipt this Period

58.25

**B.**

Full Name (Last, First, Middle Initial)

David H. Resnicoff

Mailing Address 926 Valley Rd

City

Glencoe

State

IL

Zip Code

60022-1452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

Assoc Gen Coun/VP Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1099.91

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-179

Amount of Each Receipt this Period

58.25

**C.**

Full Name (Last, First, Middle Initial)

Darwin Richardson

Mailing Address 3927 Corte Cancion

City

Thousand Oaks

State

CA

Zip Code

91360-6917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sr Director, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-53

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

136.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Darwin Richardson

Mailing Address 3927 Corte Cancion

City

Thousand Oaks

State

CA

Zip Code

91360-6917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sr Director, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-53

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Dawn D. Robinson-Rose

Mailing Address 1007 La Rambla Dr

City

Burbank

State

CA

Zip Code

91501-1621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Dir, Implementation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-108

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Dawn D. Robinson-Rose

Mailing Address 1007 La Rambla Dr

City

Burbank

State

CA

Zip Code

91501-1621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Dir, Implementation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-108

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jill A. Rowison

Mailing Address 1280 21st St NW  
Apt 906

City State Zip Code  
Washington DC 20036-2384

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Sr. Mgr, PAC and Grassroots

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.52

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-98

Amount of Each Receipt this Period

23.26

**B.**

Full Name (Last, First, Middle Initial)

Jill A. Rowison

Mailing Address 1280 21st St NW  
Apt 906

City State Zip Code  
Washington DC 20036-2384

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Sr. Mgr, PAC and Grassroots

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.52

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-98

Amount of Each Receipt this Period

23.26

**C.**

Full Name (Last, First, Middle Initial)

Joseph Russo

Mailing Address 27928 Periwinkle Ln

City State Zip Code  
Valencia CA 91354-1843

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Dir, Envir Health & Safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

626.14

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-150

Amount of Each Receipt this Period

33.34

**SUBTOTAL** of Receipts This Page (optional) .....

79.86

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Joseph Russo

Mailing Address 27928 Periwinkle Ln

City

Valencia

State

CA

Zip Code

91354-1843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Dir, Envir Health & Safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

626.14

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-149

Amount of Each Receipt this Period

33.34

**B.**

Full Name (Last, First, Middle Initial)

Roibin Ryan

Mailing Address 1419 W Berteau Ave

City

Chicago

State

IL

Zip Code

60613-1914

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

Deputy Gen Counsel, Lit & Empl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1921.03

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-177

Amount of Each Receipt this Period

101.89

**C.**

Full Name (Last, First, Middle Initial)

Roibin Ryan

Mailing Address 1419 W Berteau Ave

City

Chicago

State

IL

Zip Code

60613-1914

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

Deputy Gen Counsel, Lit & Empl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1921.03

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-176

Amount of Each Receipt this Period

101.89

**SUBTOTAL** of Receipts This Page (optional) .....

237.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kaissar Saade

Mailing Address 18522 Roslin Ave

City

Torrance

State

CA

Zip Code

90504-4624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Principal Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.26

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-73

Amount of Each Receipt this Period

17.14

**B.**

Full Name (Last, First, Middle Initial)

Kaissar Saade

Mailing Address 18522 Roslin Ave

City

Torrance

State

CA

Zip Code

90504-4624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Principal Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.26

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-73

Amount of Each Receipt this Period

17.14

**C.**

Full Name (Last, First, Middle Initial)

James K. Saccaro

Mailing Address PO Box 747  
Baxter Expat Admin

City

Deerfield

State

IL

Zip Code

60015-0747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter World Trade Corpora-  
tion

Occupation

Away on Assignment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1102.48

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-186

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

96.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

James K. Saccaro

Mailing Address PO Box 747

Baxter Expat Admin

City

Deerfield

State

IL

Zip Code

60015-0747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter World Trade Corpor-  
ation

Occupation

Away on Assignment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1102.48

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-185

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

Ashish Sagrolkar

Mailing Address 1012 Alden Ln

City

Buffalo Grove

State

IL

Zip Code

60089-1305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP I, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-156

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Ashish Sagrolkar

Mailing Address 1012 Alden Ln

City

Buffalo Grove

State

IL

Zip Code

60089-1305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP I, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-155

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

92.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David P. Scharf

Mailing Address 931 Oak St

City

Winnetka

State

IL

Zip Code

60093-2440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

CVP, General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1697.17

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-174

Amount of Each Receipt this Period

91.35

**B.**

Full Name (Last, First, Middle Initial)

David P. Scharf

Mailing Address 931 Oak St

City

Winnetka

State

IL

Zip Code

60093-2440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

CVP, General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1697.17

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-173

Amount of Each Receipt this Period

91.35

**C.**

Full Name (Last, First, Middle Initial)

Chandra Sekhar

Mailing Address 1621 Mission Hills Rd  
Apt 211

City

Northbrook

State

IL

Zip Code

60062-5738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP II, Mfg Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1145.81

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-3

Amount of Each Receipt this Period

61.01

**SUBTOTAL** of Receipts This Page (optional) .....

243.71

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Chandra Sekhar

Mailing Address 1621 Mission Hills Rd  
Apt 211

City State Zip Code  
Northbrook IL 60062-5738

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP II, Mfg Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1145.81

Date of Receipt

M M / D D / Y Y Y Y  
09 / 17 / 2010

Transaction ID: 20101012151846-3

Amount of Each Receipt this Period

61.01

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey Allen Sexton

Mailing Address 19 Cochran View Dr

City State Zip Code  
Marion NC 28752-6014

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Supv II, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.90

Date of Receipt

M M / D D / Y Y Y Y  
09 / 03 / 2010

Transaction ID: 20100915172653-90

Amount of Each Receipt this Period

14.62

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey Allen Sexton

Mailing Address 19 Cochran View Dr

City State Zip Code  
Marion NC 28752-6014

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Supv II, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.90

Date of Receipt

M M / D D / Y Y Y Y  
09 / 17 / 2010

Transaction ID: 20101012151846-90

Amount of Each Receipt this Period

12.18

**SUBTOTAL** of Receipts This Page (optional) .....

87.81

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

George N. Sfondilis

Mailing Address 1010 Glencrest Dr

City

Inverness

State

IL

Zip Code

60010-5658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Project Mgr II, IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.90

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-132

Amount of Each Receipt this Period

11.82

**B.**

Full Name (Last, First, Middle Initial)

George N. Sfondilis

Mailing Address 1010 Glencrest Dr

City

Inverness

State

IL

Zip Code

60010-5658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Project Mgr II, IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.90

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-131

Amount of Each Receipt this Period

11.82

**C.**

Full Name (Last, First, Middle Initial)

John P. Shannon

Mailing Address 432 W Utley Rd

City

Elmhurst

State

IL

Zip Code

60126-3216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP II, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1105.38

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-160

Amount of Each Receipt this Period

61.54

**SUBTOTAL** of Receipts This Page (optional) .....

85.18

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John P. Shannon

Mailing Address 432 W Utley Rd

City

Elmhurst

State

IL

Zip Code

60126-3216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP II, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1105.38

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-159

Amount of Each Receipt this Period

61.54

**B.**

Full Name (Last, First, Middle Initial)

Terry (John) Simmons

Mailing Address 1013 Windhaven Rd

City

Libertyville

State

IL

Zip Code

60048-3800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Global Purchasing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-155

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Terry (John) Simmons

Mailing Address 1013 Windhaven Rd

City

Libertyville

State

IL

Zip Code

60048-3800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Global Purchasing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-154

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

91.54

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Lori E. Sims

Mailing Address 66 Cooper Dr

City

Glastonbury

State

CT

Zip Code

06033-1020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Mgr, State Government Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

431.78

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-102

Amount of Each Receipt this Period

22.88

**B.**

Full Name (Last, First, Middle Initial)

Lori E. Sims

Mailing Address 66 Cooper Dr

City

Glastonbury

State

CT

Zip Code

06033-1020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Mgr, State Government Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

431.78

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-102

Amount of Each Receipt this Period

22.88

**C.**

Full Name (Last, First, Middle Initial)

Deborah G. Spak

Mailing Address 1555 Stratford Rd

City

Deerfield

State

IL

Zip Code

60015-2147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

Dir, Communications

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.76

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-181

Amount of Each Receipt this Period

14.92

**SUBTOTAL** of Receipts This Page (optional) .....

60.68

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Deborah G. Spak

Mailing Address 1555 Stratford Rd

City

Deerfield

State

IL

Zip Code

60015-2147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

Dir, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.76

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-180

Amount of Each Receipt this Period

14.92

B.

Full Name (Last, First, Middle Initial)

Janet M. Spaulding

Mailing Address 4371 Silversmith Ln

City

Independence

State

KY

Zip Code

41051-8386

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BioLife Plasma L.L.C.

Occupation

Regional Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-195

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Janet M. Spaulding

Mailing Address 4371 Silversmith Ln

City

Independence

State

KY

Zip Code

41051-8386

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BioLife Plasma L.L.C.

Occupation

Regional Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-194

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

64.92

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Donald J. Sullivan

Mailing Address 910 W Cypress Dr

City

Arlington Heights

State

IL

Zip Code

60005-3014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

VP, Risk Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-168

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Donald J. Sullivan

Mailing Address 910 W Cypress Dr

City

Arlington Heights

State

IL

Zip Code

60005-3014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

VP, Risk Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-167

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Karenann Terrell

Mailing Address 914 Queens Ln

City

Glenview

State

IL

Zip Code

60025-1940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

CVP, Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.89

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-178

Amount of Each Receipt this Period

192.31

**SUBTOTAL** of Receipts This Page (optional) .....

272.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Karenann Terrell

Mailing Address 914 Queens Ln

City

Glenview

State

IL

Zip Code

60025-1940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

CVP, Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.89

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-177

Amount of Each Receipt this Period

192.31

**B.**

Full Name (Last, First, Middle Initial)

Ronald J. Trudeau

Mailing Address 416 W Oakwood Dr

City

Barrington

State

IL

Zip Code

60010-1482

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP II, Engineering

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-1

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Ronald J. Trudeau

Mailing Address 416 W Oakwood Dr

City

Barrington

State

IL

Zip Code

60010-1482

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP II, Engineering

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-1

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

242.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Onelia Ann Vera

Mailing Address 619 Oleander Dr

City

Hallandale Beach

State

FL

Zip Code

33009-6531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Assoc General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1956.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-151

Amount of Each Receipt this Period

103.92

**B.**

Full Name (Last, First, Middle Initial)

Onelia Ann Vera

Mailing Address 619 Oleander Dr

City

Hallandale Beach

State

FL

Zip Code

33009-6531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Assoc General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1956.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-150

Amount of Each Receipt this Period

103.92

**C.**

Full Name (Last, First, Middle Initial)

Chris P. Vlautin

Mailing Address 4306 Arenzano Way

City

El Dorado Hills

State

CA

Zip Code

95762-5431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Mgr, State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-97

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

227.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Chris P. Vlautin

Mailing Address 4306 Arenzano Way

City

El Dorado Hills

State

CA

Zip Code

95762-5431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Mgr, State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-97

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Vernon E. Williams

Mailing Address 1601 Wyndham Court Rd

City

Santa Ana

State

CA

Zip Code

92705-3181

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-144

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Vernon E. Williams

Mailing Address 1601 Wyndham Court Rd

City

Santa Ana

State

CA

Zip Code

92705-3181

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-143

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ron K. Wilson

Mailing Address 6800 Red Rock Rd

City

Amarillo

State

TX

Zip Code

79118-4514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sales Representative III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-110

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Ron K. Wilson

Mailing Address 6800 Red Rock Rd

City

Amarillo

State

TX

Zip Code

79118-4514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sales Representative III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-110

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Jerzy Wojcik

Mailing Address 9375 Landings Ln  
Unit 404

City

Des Plaines

State

IL

Zip Code

60016-5207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sr. Manager, Global Regulatory

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-158

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jerzy Wojcik

Mailing Address 9375 Landings Ln  
Unit 404

City State Zip Code  
Des Plaines IL 60016-5207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Sr. Manager, Global Regulatory

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-157

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Subramaniam Yogendran

Mailing Address 1 Baxter Pkwy  
Baxter Healthcare Corp.

City State Zip Code  
Deerfield IL 60015-4625

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP, US Supply Chain

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

965.60

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-113

Amount of Each Receipt this Period

51.20

**C.**

Full Name (Last, First, Middle Initial)

Subramaniam Yogendran

Mailing Address 1 Baxter Pkwy  
Baxter Healthcare Corp.

City State Zip Code  
Deerfield IL 60015-4625

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP, US Supply Chain

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

965.60

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-113

Amount of Each Receipt this Period

51.20

**SUBTOTAL** of Receipts This Page (optional) .....

127.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mahshid R. Zahed

Mailing Address 400 Village Green Drive  
Unit 106

City State Zip Code  
Lincolnshire IL 60069

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP, Quality GIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 20100915172653-114

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mahshid R. Zahed

Mailing Address 400 Village Green Drive  
Unit 106

City State Zip Code  
Lincolnshire IL 60069

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP, Quality GIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 20101012151846-114

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

10452.88



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 81 / 87

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Brady for Congress	<b>Transaction ID:</b> CA0869E5F1E28C4F55B <b>Date of Disbursement</b>																				
Mailing Address PO Box 8277	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	9		2	0	1	0												
City the Woodlands State TX Zip Code 77387	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Kevin Brady	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Chris Lee for Congress	<b>Transaction ID:</b> 9197BEE455C025431F2 <b>Date of Disbursement</b>																				
Mailing Address PO Box 15395	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	1		2	0	1	0												
City Rochester State NY Zip Code 14615	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Christopher John Lee	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Citizens To Elect Rick Larsen	<b>Transaction ID:</b> 02003DD2C2E16A5BAA7 <b>Date of Disbursement</b>																				
Mailing Address PO Box 326	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	9		2	0	1	0												
City Everett State WA Zip Code 98206	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rick Larsen	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 82 / 87

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Diana Degette for Congress Inc.

Mailing Address PO Box 61337

City  
DenverState  
COZip Code  
80206Purpose of Disbursement  
2010 GeneralCandidate Name  
Diana L. DeGette011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CO District: 01

Transaction ID: B782CCC3D97EDD67842

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Hoosiers for Hill

Mailing Address PO Box 1071

City  
SeymourState  
INZip Code  
47274Purpose of Disbursement  
2010 GeneralCandidate Name  
Baron P. Hill011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 09

Transaction ID: 06004B66BF141C85D83

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Hoyer for Congress

Mailing Address 607 14th Street, NW  
Suite 800City  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
2010 GeneralCandidate Name  
Steny H. Hoyer011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District: 05

Transaction ID: 24B1EE2338206F61A55

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	0

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

4500.00

TOTAL This Period (last page this line number only) .....

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

Baxter Healthcare Political Action Committee

State: CA District: 48

State: MI District: 15

State:  District:

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 84 / 87

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kind for Congress Committee

Mailing Address 205 5th Avenue South  
Suite 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement  
2010 General

Candidate Name  
Ron Kind

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WI District: 03

Transaction ID: B5BCE66C7153EE330CD

Date of Disbursement

09 / 21 / 2010

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Kirk for Senate

Mailing Address PO Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement  
2010 Special

Candidate Name  
Mark Steven Kirk

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: IL District:

Special

Transaction ID: 748BED7B85A7B38F378

Date of Disbursement

09 / 21 / 2010

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Burgess for Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement  
2010 General

Candidate Name  
Michael C. Burgess

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 26

Transaction ID: 7236E25696EA3B7D94A

Date of Disbursement

09 / 29 / 2010

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 85 / 87

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Pallone for Congress	<b>Transaction ID:</b> C20EAFFB02D45E6DF9F <b>Date of Disbursement</b>
Mailing Address PO Box 3176	<div> <div>09</div> <div>29</div> <div>2010</div> </div>
City Long Branch State NJ Zip Code 07740	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 General Candidate Name Frank Pallone, Jr.	<div>1000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Pascrell for Congress	<b>Transaction ID:</b> 261C6C7D5D3BEB9C4B0 <b>Date of Disbursement</b>
Mailing Address PO Box 640	<div> <div>09</div> <div>29</div> <div>2010</div> </div>
City Totowa State NJ Zip Code 07511	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 General Candidate Name William J. Pascrell, Jr.	<div>1000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Richard Burr Committee; the	<b>Transaction ID:</b> 37D85F0376E05E49BBE <b>Date of Disbursement</b>
Mailing Address Post Office Box 5928	<div> <div>09</div> <div>21</div> <div>2010</div> </div>
City Winston-Salem State NC Zip Code 27113	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 General Candidate Name Richard M. Burr	<div>1000.00</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/ Type
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>3000.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 86 / 87

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Rogers for Congress

Mailing Address PO Box 581  
Post Office Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement  
2010 GeneralCandidate Name  
Mike Rogers011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 08

Transaction ID: 3E81CBDEC2E696F7A2F

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Roskam for Congress Committee

Mailing Address PO Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement  
2010 GeneralCandidate Name  
Peter J. Roskam011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 06

Transaction ID: 1E0C9D948C7AB13AE7D

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Sue Myrick for Congress

Mailing Address PO Box 37091

City Charlotte State NC Zip Code 28237

Purpose of Disbursement  
2010 GeneralCandidate Name  
Sue Wilkins Myrick011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 09

Transaction ID: 220488659850D3AEAAAB

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	0

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 87 / 87

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Upton for All of Us

Mailing Address PO Box 490

City

St. Joseph

State

MI

Zip Code

49085

Purpose of Disbursement

2010 General

011

Category/  
Type

Candidate Name

Fredrick Stephen Upton

Office Sought:

☒

House

☐

Senate

☐

President

State: MI

District: 06

Disbursement For:

2010

☐

Primary

☐

Other (specify) ▼

☒

General

Transaction ID: BBF52595770EAAC7532

Date of Disbursement

09 / 21 / 2010

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Volunteers for Shimkus

Mailing Address PO Box 661  
PO Box 5458

City

Collinsville

State

IL

Zip Code

62234

Purpose of Disbursement

2010 General

011

Category/  
Type

Candidate Name

John M. Shimkus

Office Sought:

☒

House

☐

Senate

☐

President

State: IL

District: 19

Disbursement For:

2010

☐

Primary

☐

Other (specify) ▼

☒

General

Transaction ID: 3EC4C90E5E4EEDBFD11

Date of Disbursement

09 / 29 / 2010

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

26000.00